MAXIMUS Federal Services

Case Number:	CM14-0046984		
Date Assigned:	07/02/2014	Date of Injury:	09/17/2012
Decision Date:	08/01/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old female with a reported date of injury on 09/17/2012. The mechanism of injury was noted to be a trip and fall. Her diagnoses were noted to include cervicalgia, lumbar radiculopathy, and myofascial pain syndrome. Her previous treatments were noted to include medications, a functional restoration program, home exercise program, and TENS unit. The progress report dated 05/29/2014, reported that the injured worker was highly motivated and continued the use of pain medications for pain. The Request for Authorization Form was not submitted within the medical records. The request is for one (1) home therapy session with home trainer review gym, due to the injured worker's continued need for instruction to be safe in her independent exercise program. The request is for a TheraCane; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One (1) home therapy session with a home trainer to review gym: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-Low back-Lumbar and Thoracic (Acute and Chronic), Gym memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker has used her home gym at her apartment complex and believes she injured herself when utilizing that equipment. The Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete specific exercises or tasks. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines state the use of active treatment modalities such as exercise, education, and activity modification instead of passive treatments is associated with substantially better clinical outcomes. The guidelines state home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices; therefore, a home exercise program does not have to be with exercise equipment. The provider reported the injured worker needed further instructions on her home exercise program, which can be provided by the physician or a physical therapist. The guidelines do not have recommendations regarding a home trainer to review the gym equipment. As such, the request is not medically necessary.

Theracane: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Durable Medical Equipment.

Decision rationale: The injured worker is participating in a home exercise program. The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if a device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. The guidelines' criteria for a defined durable medical equipment are that it can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of an illness or injury, and is appropriate for use in the patient's home. The TheraCane is a massaging device; however, it is not medically necessary. The TheraCane does not serve a medical purpose as is primarily used for comfort. Therefore, the request is not medically necessary.